

*service and quality above all...***MILUM TEXTILE SERVICES****MTS Medical Waste Management**
a division of Milum Textile Services

April 28, 2006

BAFO REQUEST

Proposal # ADSM-6MF243

Re: EnviroSolve Transportation Arrangements

To Whom This May Concern:

MTS Medical Waste Management has had contracts and a mutual agreement to provide services with EnviroSolve LTD dating back to 2002. They are listed in our state approved ADEQ Operational Permit Plan as our subcontractor and contingency facility. We also have a CONFIDENTIALITY AGREEMENT that makes it very difficult to provide copies of agreements to third parties. Agreements spell out pricing and Terms & Conditions that would be an advantage for our competitors to get access too. For the purpose of this contract with the State, EnviroSolve is a backup contingency to the hauling company BioMedical Waste Solutions.

I am attaching various manifests and a weight ticket from EnviroSolve LTD that shows that they are a transporter that delivers medical waste to MTS for sterilization. You may note from the attached paperwork that EnviroSolve is more of a large volume transporter in comparison to BioMedical Waste Solutions. The type and size of vehicles needed to collect waste from State facilities is part of the decision making process. At the prices offered, MTS must be practical in the logistics of waste collection. In other words, a 53 foot trailer with a tractor is not economic to collect waste for this contract and that size vehicle would have difficulty getting in and out of some locations.

I have also uploaded into the SPIRIT website the state ADEQ transporter license, matrix of permits, and insurance document for EnviroSolve LTD. If you have any questions, feel free to contact me on my cell number 602-620-3004.

Thank you.

Sincerely Yours,

Edward Petrullo

Edward Petrullo
General Manager, MTS Medical Waste Management

333 North Seventh Avenue; Phoenix, Arizona 85007 • P.O. Box 1231; Phoenix, Arizona 85001
(602) 253-5173 • (888) 253-5173 • fax (602) 253-3819 • www.MilumTextileServices.com

MEDICAL WASTE SHIPPING DOCUMENT	1. GENERATOR'S ID # N/A	2. MANIFEST # 50843	3. PAGE 1 OF 1	789000
4. GENERATOR/SHIPPER'S NAME & ADDRESS Medical Waste Disposal Transport 1850 Camino Rd Van Nuys, CA 91406			GENERATOR/SHIPPER'S PHONE (661) 993 8102	
5. TRANSPORTER 1 NAME & MAILING ADDRESS EnviroSol, Inc		TRANSPORTER PHONE 918 587 7664	6. TRANSFER & STORAGE FACILITY TRANSFER PHONE	
TRANSPORTER REGISTRATION 00D987965-058		PRINTED NAME	SIGNATURE X	DATE X
7. DESTINATION FACILITY NAME & SITE ADDRESS MTS Medical Waste Management 3152 N 34th Dr Phoenix, AZ 85017		DESTINATION PHONE (602) 278 3387		
8. WASTE SHIPPING NAME AND DESCRIPTION		9. CONTAINERS NO. TYPE OF	10. TOTAL QUANTITY	11. UNIT WT/VOL
A. REGULATED MEDICAL WASTE, 6.2, UN3291 PGII (Red Bag)		186	4349	P
B. REGULATED MEDICAL WASTE, 6.2, UN3291 PGII (Clean/Path)		3	15	P
C. REGULATED MEDICAL WASTE, 6.2, UN3291 PGII (Pharmaceuticals)		26	396	P
D. REGULATED MEDICAL WASTE, 6.2, UN3291 PGII ()				
12. SPECIAL HANDLING INSTRUCTIONS & ADDITIONAL INFORMATION NET WEIGHT = 4849 lbs DOT ERG # 158		EMERGENCY DISPATCH # 1-877-424-9300 CHEMTREC 1-800-424-9300 CDC 1-404-633-5313 INCIDENT REPORTING (ADEQ) 1-800-234-5677		
13. SHIPPER'S/GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. I CERTIFY THE MATERIALS DESCRIBED ABOVE ON THIS MANIFEST ARE NOT SUBJECT TO FEDERAL REGULATIONS FOR REPORTING PROPER DISPOSAL OF HAZARDOUS WASTE.				
SHIPPER'S PRINTED NAME X Jeff Gibbons		SHIPPER'S SIGNATURE X		MONTH DAY YEAR 10 15 06
14. TRANSPORTER 1 CERTIFICATION OF RECEIPT OF MEDICAL WASTE AS DESCRIBED IN # 8.				
PRINTED NAME X Jeff Gibbons		SIGNATURE X		MONTH DAY YEAR 10 15 06
15. TRANSPORTER 2 CERTIFICATION OF RECEIPT OF MEDICAL WASTE AS DESCRIBED IN # 8.				
PRINTED NAME X		SIGNATURE X		MONTH DAY YEAR X
16. NEW TRACKING FORM NUMBER (for consolidated or remanifested waste)				
17. DESTINATION FACILITY: CERTIFICATION OF RECEIPT OF WASTE MATERIALS COVERED BY THIS MANIFEST EXCEPT AS NOTED IN ITEM 18. Signature verifies proper disposal in accordance with all Federal, State & local requirements				
PRINTED NAME X Gerardo Villa		SIGNATURE X		MONTH DAY YEAR X 2 17 06
18. DISCREPANCY INDICATION SPACE				

FLYING J TRAVEL PLAZA

2-17-0

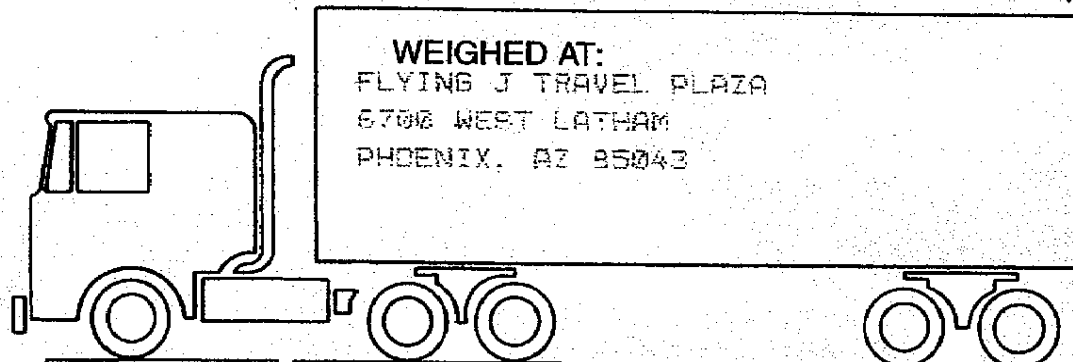
2-25-06



J-SCALE-GUARANTEED WEIGHT

TICKET NUMBER 50963

Weigh Fee \$7.50

Our Seal Means It's
"GUARANTEED"

10740 lb

15000 lb

15440 lb

COMPANY NAME SUS

TRUCK # 04

41180 lb GROSS

TRAILER 4880

Original 50960
Light few weigh 100

COMMODITY

X LINDA
WEIGHMASTER/
DEPUTY WEIGHMASTER

THE WEIGHMASTER'S CERTIFICATE OF WEIGHT AND MEASURE

This is to certify that the following described merchandise was weighed and counted or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

TICKET 62950

DANNY'S FAMILY
TRUCK WASH/SCALE
59TH AVE/ I-10, EXIT 138
PHOENIX, ARIZONA
(602) 484-7046

#1 46440 lb

TOTAL 46440 lb
TIME 02:54 PM 15 FEB 2006

CARRIER: EnviroSolveTRUCK ID: 10195/8104

SHIPPER: _____

COMMODITY: _____

WEIGHMASTER: EDWARDSDRIVER: ON: X OFF: _____FEE PAID: \$ 7.00

PUBLIC WEIGHMASTER'S
CERTIFICATE OF WEIGHTS
OF MEASURE

THIS IS TO CERTIFY THAT
THE FOLLOWING MERCHANDISE
WAS WEIGHED AND MEASURED
BY A PUBLIC OR DEPUTY
WEIGHMASTER AND WHEN PRO-
PERLY SIGNED AND SEALED,
SHALL BE PRIMA FACIE EVI-
DENCE OF THE ACCURACY OF
THE WEIGHT SHOWN AS
PRESCRIBED BY LAW.

TEL: 804

State of California—Environmental Protection Agency

Form Approved OMB No. 2050-0039 (Expires 9-30-99)

Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, CaliforniaUNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

MEDICAL DISPOSAL TRANSPORT
16437 VANOVEN ST.
VAN NAYS, CA 91396

A. State Manifest Document Number

24555806

4. Generator's Phone (714) 782-6085

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID [Reserved.]

ENVIRO SOLVE, LLC

HKKDK70841069

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID [Reserved.]

9. Designated Facility Name and Site Address

10. US EPA ID Number

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type13. Total
Quantity14. Unit
Wt/Vol

I. Waste Number

a. REGULATED MEDICAL WASTE, G.Z.
UN 3291 PG-II

-187 DIE 15715 P

State

EPA/Other

b. Phallo / (CHEM) (incinerated)

-617 CIF 0107185 lbs

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

NET WEIGHT (5715) lbs. — X —
DOT ERG #158

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

KIMBERLY MEDINA

[Signature]

03/04/06

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

[Signature]

03/06/06

DO NOT WRITE BELOW THIS LINE.

24555806
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. A 2 8 6 0 0 0 3 5 0 4 0	Manifest Doc. No. 00107	2. Page 1 of 1
3. Generator's Name and Mailing Address ENVIRO-SOLITE LLC - PHX 2844 W PICO AVE CHANDLER, AZ 85226				
4. Generator's Phone 602-278-1802				
5. Transporter 1 Company Name Enviro-Solite LLC	6. US EPA ID Number 0 2 8 6 0 0 3 5 0 4 0	A. Transporter's Phone 602-278-1802		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address MTE Medical Waste Management 2142 W. ADDISON PHOENIX, AZ 85011	10. US EPA ID Number M I A	C. Facility's Phone 602-251-5177		
11. Waste Shipping Name and Description		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. Regulated medical waste 82 UH9281, P311		10	1195	P
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above 113 BKG 150 BPPH 10300100-006407, NET WT 185 5,756 21406 132326		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 1142 0604 004 PHX 24 HOUR EMERGENCY CONTACT 800 937 6314 1015 MON-FRI 08:00-06:00				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name Jeff Gibbons		Signature [Signature]		Month Day Year 04/17/06
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jeff Gibbons		Signature [Signature]		Month Day Year 04/17/06
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name		Signature		Month Day Year

T/S/D/F COPY

T/S/D/F COPY